

Verdibasert helsetjeneste: fra teori til virkelighet

Del I. Moving towards an outcome- and value-based environment

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HelseCampus Stavanger & Norwegian Smart Care Cluster

Putting the focus on the patient

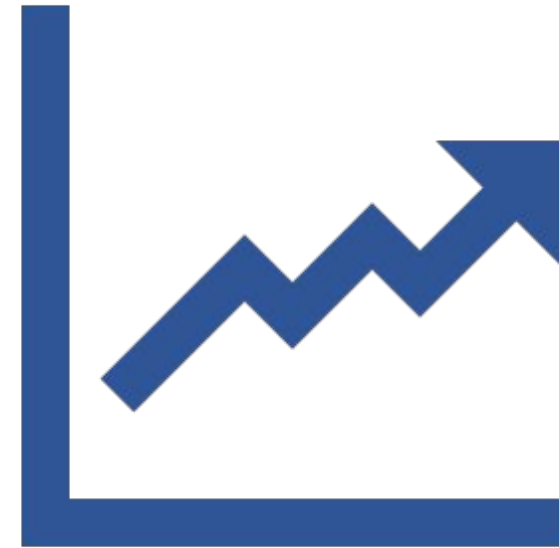


Generally speaking, what do we primarily base our judgements about health care services on?



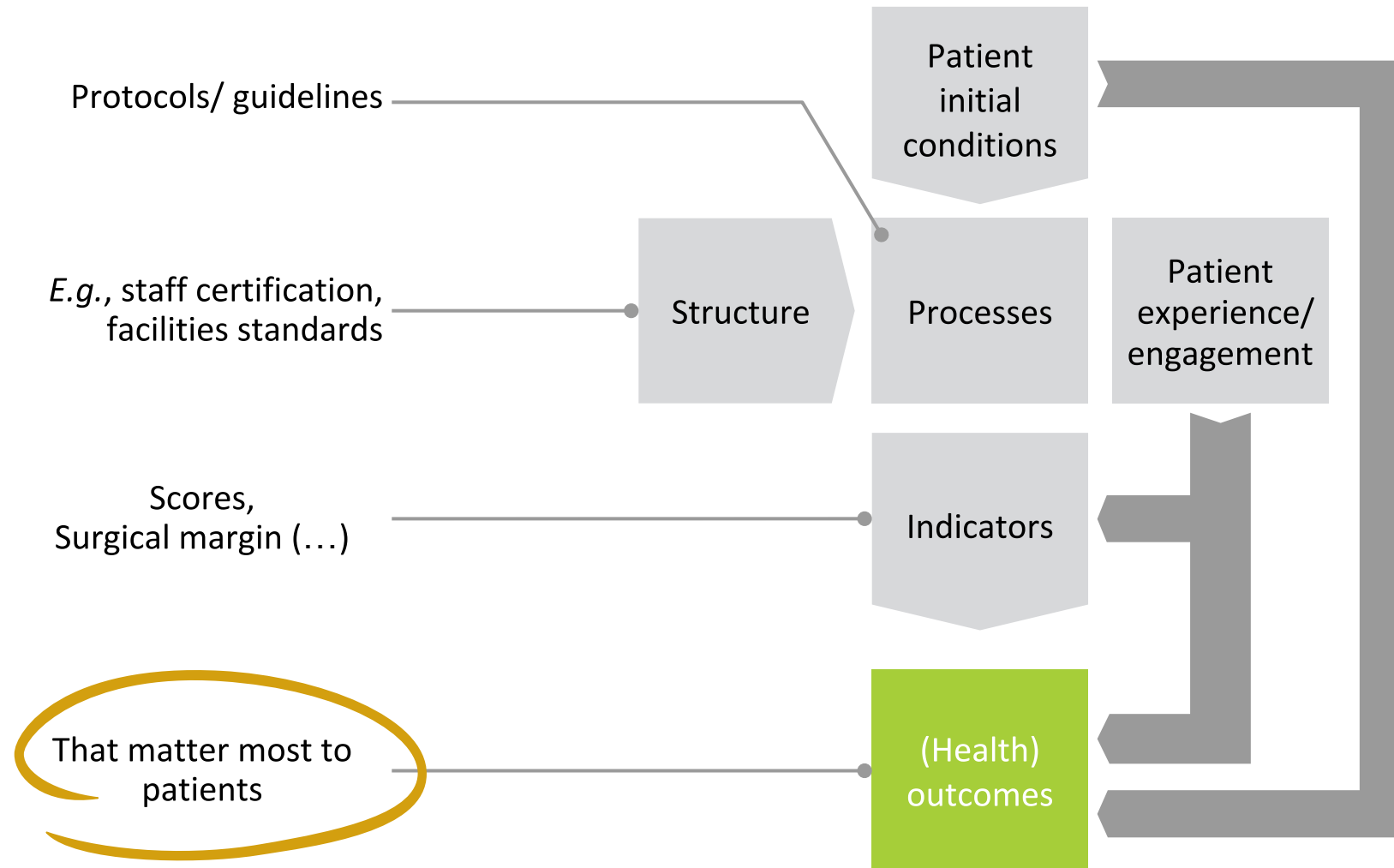
Eminence

OR



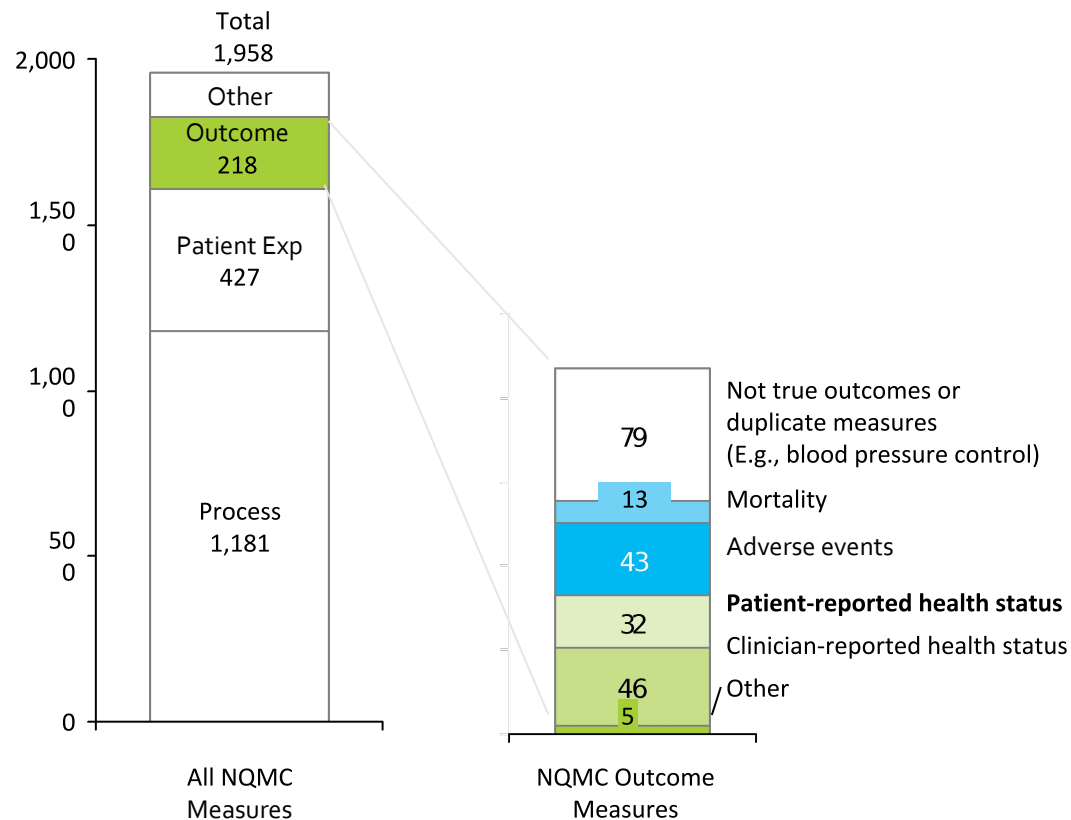
Evidence

Outcomes are the “real-world” results that matter most to patients



Moving to value-based health care demands a better way of measuring outcomes

Outcomes, especially patient-reported outcomes are significantly under-represented in available measures¹



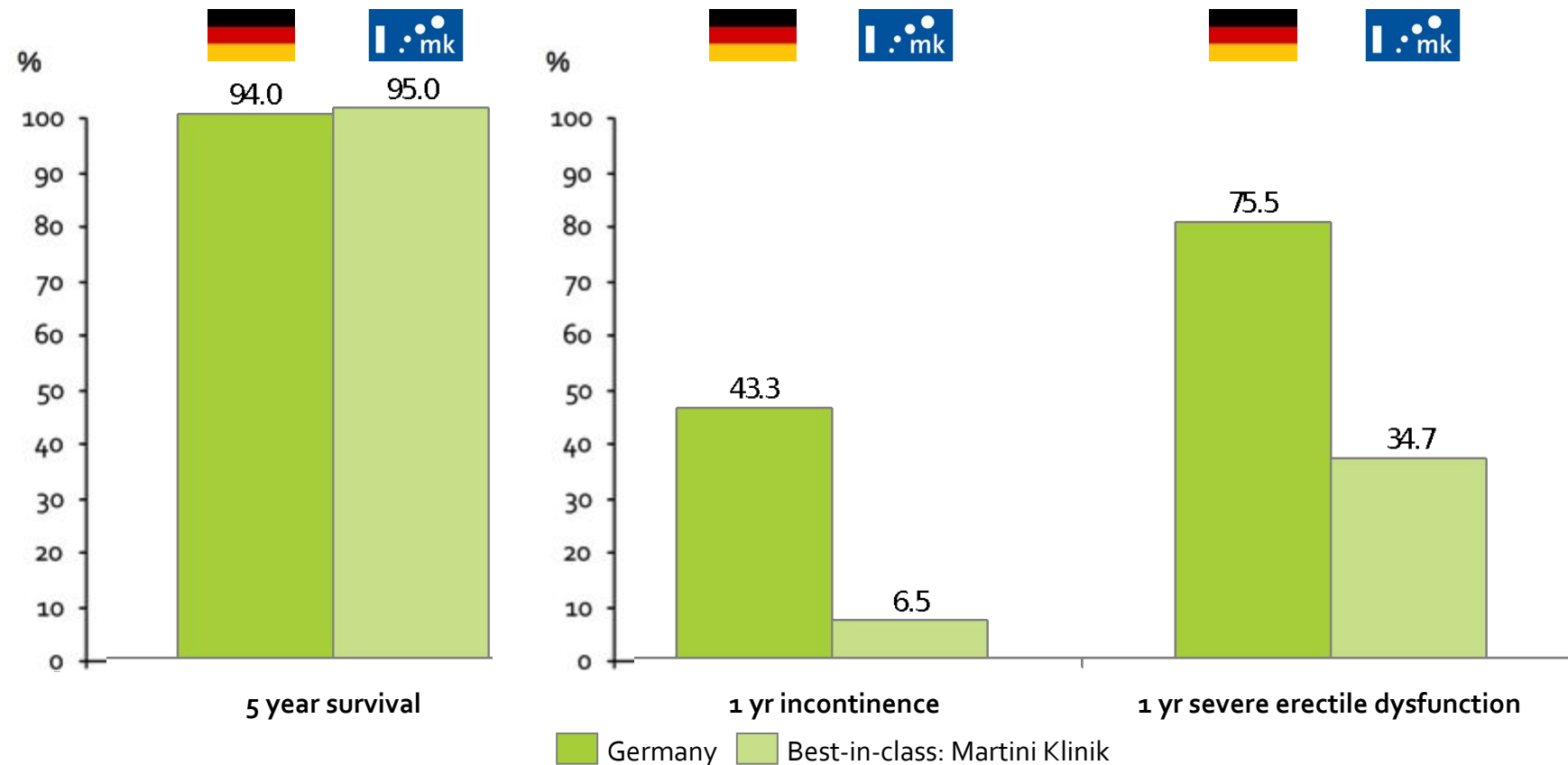
NQMC: National Quality Measures Clearinghouse

Measuring meaningful outcomes matter

Comparing outcomes of prostate cancer care

Focusing on
mortality alone...

...may obscure large differences
in outcomes that matter most to patients



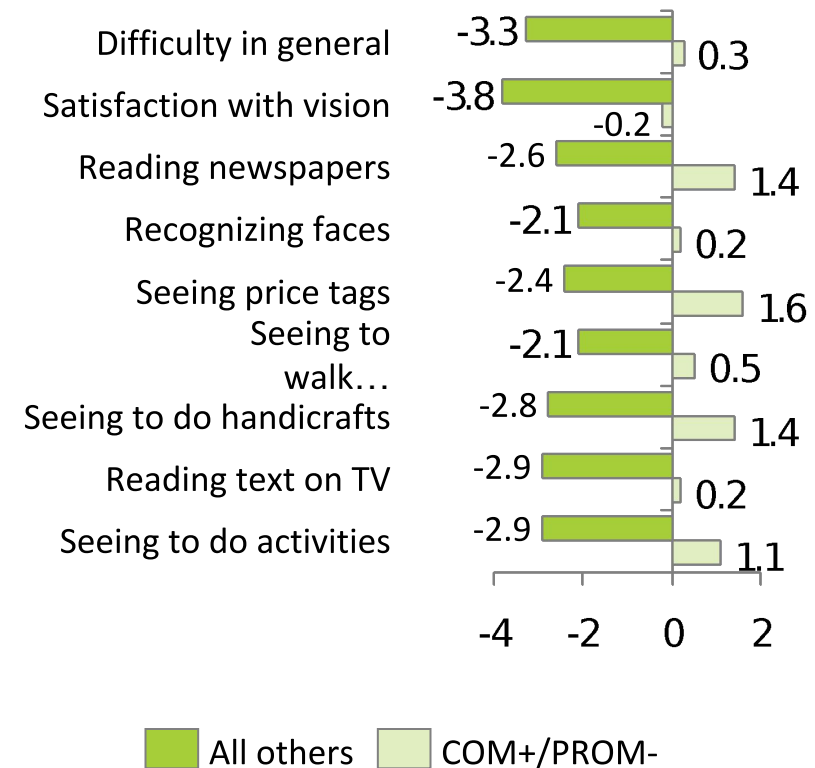
Why the patient's perspective matters

Study

- Analysis of clinical outcomes and patient-reported outcomes in Swedish Cataract Registry
 - 9,707 patients
- Of those, nearly all those surveyed showed clinical outcome improvement (VA)
 - 97.8%
- Interestingly, of those 97.8%, 7.4% reported being worse off visually than before

How is this possible?

Findings





“Every hospital should follow every patient it treats long enough to determine whether or not the treatment has been successful, and then to inquire, ‘if not, why not?’ with a view to preventing similar failures in the future”

- Ernest Codman
(1914, Boston)

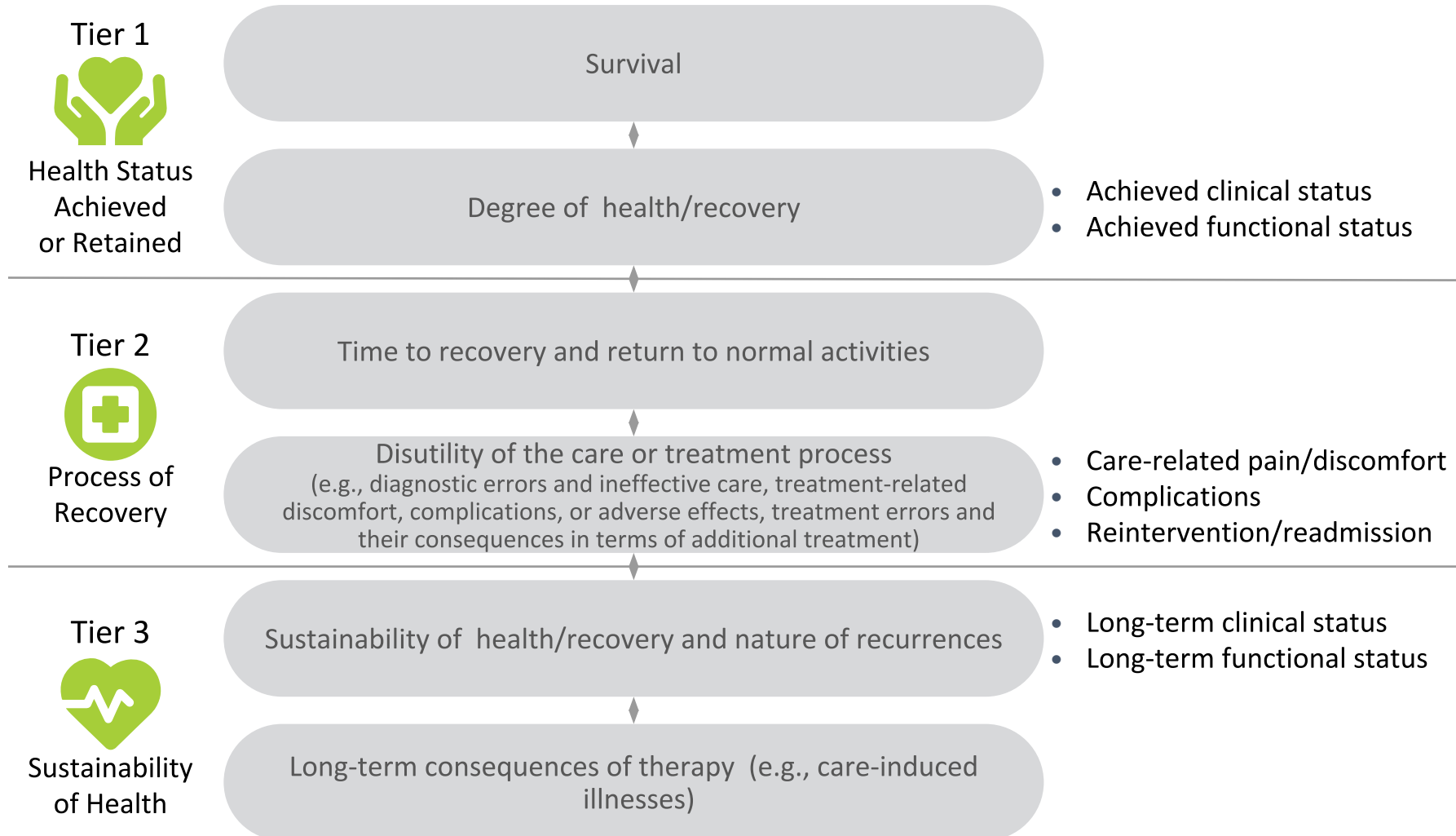
Redefining Health Care

Michael E Porter & Elizabeth Olmsted Teisberg 2006

$$\text{Value} = \frac{\text{Patient health outcomes achieved}}{\text{Cost of delivering those outcomes}}$$

The Outcome Measures Hierarchy

Two Dimensions- Clinician Reported and Patient Reported Outcomes



International Consortium for Health Outcomes Measurement

ICHOM

Principles of Standard Set Development

- 1 Outcomes are **defined around medical conditions**, not specialties or the procedures
- 2 Standard Sets are a “minimum set” **focused on outcomes that matter most** to patients
- 3 **Patients are directly involved** in defining every Standard Set
- 4 **Patient-reported outcomes are part of every Standard Set** and include functional status, symptom burden and health-related quality of life
- 5 A “minimum set” of **initial conditions/risk factors** is included to facilitate meaningful comparison
- 6 **Time points and sources** of data collection are clearly defined to ensure comparability of results

”GLOBAL LANGUAGE FOR HEALTH OUTCOMES”

ICHOM Standard Sets cover >50% of global disease burden

1. Localized Prostate Cancer
2. Low Back Pain
3. Coronary Artery Disease
4. Cataracts
5. Parkinson's Disease
6. Cleft Lip and Palate
7. Stroke
8. Hip and Knee Osteoarthritis
9. Macular Degeneration
10. Lung Cancer
11. Depression and Anxiety
12. Advanced Prostate Cancer
13. Heart Failure
14. Pregnancy and Childbirth
15. Colorectal Cancer
16. Older Person
17. Overactive Bladder
18. Craniofacial Microsomia
19. Inflammatory Bowel Disease
20. Chronic Kidney Disease
21. Hypertension
22. Inflammatory arthritis
23. Congenital upper limb anomalies
24. Pediatric facial palsy
25. Diabetes (I+II)
26. Atrial Fibrillation
27. Breast Cancer
28. Dementia

The Breast Cancer Standard Set Flyer represents a high-level overview of the outcomes, scope and treatments



Scope

All patients (men and women) with newly pathologically diagnosed invasive breast cancer (stage I-IV) and DCIS

Exclude:

- Rare tumor (e.g. Phyllodes tumor)
- Lobular carcinoma in situ (LCIS)
- Patients with recurrent disease at baseline

Treatment Approaches covered

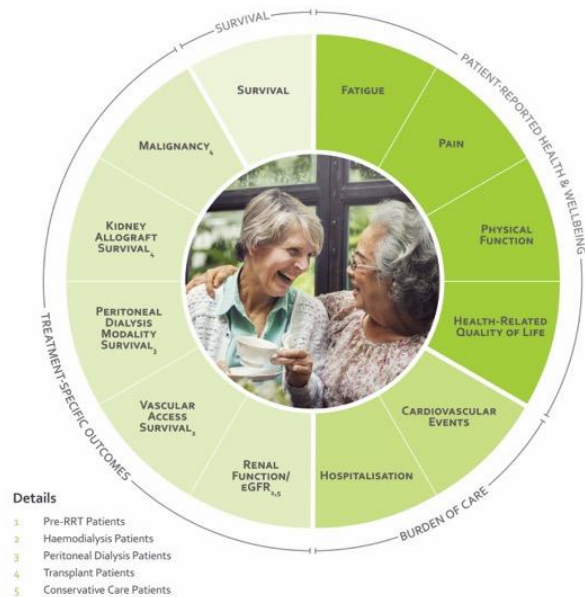
- Surgery
- Radiotherapy
- Chemotherapy
- Targeted therapy
- Hormonal therapy

Exclude:

- Investigational agents or techniques

Overlap in core outcome sets in clinical practise (ICHOM) and clinical trials (SONG)

ICHOM Standard Set for Chronic Kidney Disease



SONG Standardise Outcomes in Nephrology



Fatigue, cardiovascular disease, mortality, vascular access, PD-failure, graft survival

Driving the value of hospitals and service delivery: an OECD perspective

IHF 2018 Volume 54 Number 3

A core objective of a healthcare organisation is to **maximise the quality of care for every patient**, but data on key quality dimensions of safety, effectiveness and people-centredness are **not systematically captured** from the patient's perspective.

This means that governing bodies are basing decisions that determine success in a competitive marketplace on **incomplete information**.

Addressing this requires routine measurement of **outcomes and experiences from the patients themselves**.

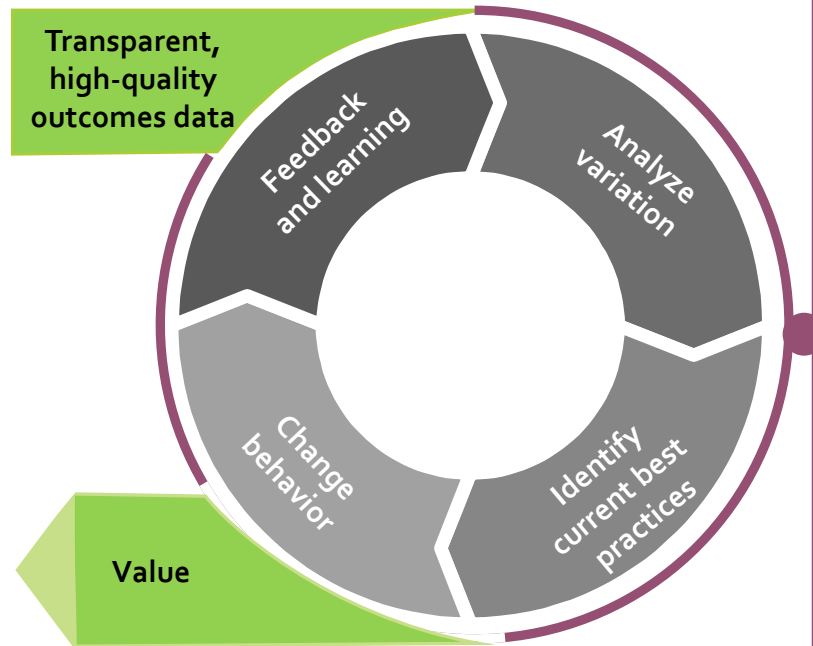
The **OECD's PaRIS initiative** is helping to build the capacity of countries and organisations to capture the voice of the patient through validated, comparable indicators, but successful implementation means engaging front-line staff and patients, and integrating these metrics into existing information infrastructure.

EU Health Summit Brussels Nov 29, 2018

”A shared vision for the future of health in Europe”



Outcome measurement empowers stakeholders to generate value



Key stakeholders



- **Patients** will **choose their provider** based on expected outcomes and their share of the cost



- **Clinicians** will improve quality of care by **comparing performance** and learning from each other



- **Hospitals** will **differentiate** into areas where they deliver superior outcomes at competitive prices



- **Payers** will **negotiate contracts based** on results, not volume, and encourage innovation to achieve those results



- **Life science** will **market their products on value**, showing improved outcomes relative to costs